PART B - FEE(S) TRANSMITTAL

	PR 2 7 2006		or <u>Fax</u>	Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (571) 273-2885	or Patents Jinia 22313-1450	
INSTRUCTIONS: This for appropriate. All further co- indicated unless corrected maintenance fee notification	rm should be used for tran rrespondence including the below or directed otherwise	smitting the ISSU Patent, advance ordin Block 1, by (a)	E FEE and PUBLIC ders and notification specifying a new of	CATION FEE (if requ of maintenance fees we correspondence address;	ired). Blocks 1 through 5 vill be mailed to the curren and/or (b) indicating a sep	should be completed where at correspondence address as parate "FEE ADDRESS" for
23696 7 QUALCOMM, I 5775 MOREHOU	590 01/24/2006 NC SE DR.	any change of address)		Fee(s) Transmittal. The papers. Each additional have its own certificate. Cer	is certificate cannot be used al paper, such as an assignme of mailing or transmission tificate of Mailing or Tran	:
SAN DIEGO, CA 92121 04/28/2006 WABDELR3 00000020 170026 10689969				transmitted to the USPTO (571) 273-2885, on the date indicated below.		
				Tami M. Procopio (Depositor's name)		
01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA				Jami M YMO (O DID (Signature)		
				L24 April	2006 V	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/689,969 TITLE OF INVENTION: S	10/20/2003 'YSTEM AND METHOD FO	OR PROVIDING A	N INTERACTIVE S	SCREEN ON A WIREL	010530C1 ESS DEVICE INTERACTI	4439 ING WITH A SERVER
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional NO			\$300	\$1700	04/24/2006
EXAMINER		ART UNI	T C	LASS- SUBCLASS		
GELIN, JEA	AN ALLAND	2688		455-418000		•
CFR 1.363). Change of corresponded ress form PTO/SB/1 "Fee Address" indica	the address or indication of "Fo dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
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	e assignee category or catego			☐ Individual X Co	orporation or other private g	roup entity Government
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): ☐ A check in the amount of the fee(s) is enclosed.						
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Advance Order - # o					r credit any overpayment, to copy of this form).	
	(from status indicated above MALL ENTITY status. See)			LL ENTITY status. See 37 (
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Typed or printed name _	Robert J. O	Connell		Registration	No. 44,265	
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